

**Gulf Ports Association
Registration Form – Associate Members**

Name of Your Company: _____ (submit one form per person attending)

Representatives Attending: (please include spouses' names as well)

Name: _____

_____ **Spouse/Guest:** _____

Phone: _____

Please indicate the **number** of people from your group attending each of the following:

1. **Golf on Wednesday:** No: _____ Yes: _____ Please arrange with the pro shop directly if you need to rent clubs. **Handicap:** _____

2. **Reception on Wednesday Night:** No: _____ Yes: _____

3. **GPAA Meeting Thursday:** No: _____ Yes: _____

Registration fee: \$350 per attendee (no fee for spouses). Please mail form and payment (checks only) to:

**Gulf Ports Association
9 Parkside Rd.
The Hills, TX 78738**